<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	07/29/2010	Address:	S.R. 48 WEST OF S.R. 129
Case #:	<u>42-30906</u>		BATESVILLE, IN
County:	RIPLEY		
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: CYLINDER			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin Retail/Mo	e Information e/Pseudoephedrine Tracking Log erchant Tip TLITY WORKERS
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: <u>DELAWARE VFD</u> artment: <u>R.C.H.D.</u> ction Service:	Fax: <u>E-MA</u> Fax: <u>E-MA</u> Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: CHIP AYERS Phone 217,234,4591			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.